UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Darryl Bradshaw, Pro se

Write the full name of each plaintiff.

16CV 9637

No. ____________

(To be filled out by Clerk's Office)

-against-

Delaware County Jail, 280 Phoebe lane
Suite 6 Delhi, NY 13753

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

## COMPLAINT
(Prisoner)

Do you want a jury trial?
☑ Yes ☐ No

RECEIVED
SDNY PRO SE OFFICE
2016 DEC 13 AM 10:5?
S.D. OF N.Y.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "*Bivens*" action (against federal defendants).

☑ Violation of my federal constitutional rights

☐ Other: ______________________________

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Darryl Bradshaw

First Name Middle Initial Last Name

______________________________

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

15A3237

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Great Meadow Correctional Facility

Current Place of Detention

Box 51

Institutional Address

Comstock N.Y. 12821-0051

County, City State Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☑ Convicted and sentenced prisoner

☐ Other: ______________________________

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Delaware County Jail

First Name Last Name Shield #

Current Job Title (or other identifying information)

280 Phoebe Lane Suite 6

Current Work Address

Delhi New York 13753

County, City State Zip Code

Defendant 2:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 3:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

Defendant 4:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: Delaware county Jail, 280 Phoebe Lane Suite 6 Delhi, NY 13753

Date(s) of occurrence: N/A

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Somewhere between January 2015 and April 2015 while i was incarcerated at Delaware county Jail located at 280 Phoebe Lane Suite 6 Delhi, NY 13753 i was placed on the "LOAF" for un-hygenic acts due to me throwing my breakfast tray on the ground. After approx. four days i was taken off the "LOAF" due to a grievance i filed about the facility staff not following the proper procedures to place me on the "LOAF."

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Headaches, Hunger pains, Dizziness, Loss of weight, and loss of sleep. No medical treatment was required.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

I wish to be compensated in the amount of $50,000 for the pain and suffering that i endured during the four days i was unlawfully placed on the "Restricted Diet" (LOAF). During those four days i was on the "Restricted Diet" (LOAF), i experienced headaches, hunger pains, dizziness, loss of weight, and loss of sleep. All, due to Delaware County Jail placing me on the "Restricted Diet" (LOAF) without the proper authorization. The compensation that i am demanding is to place me back in the same condition i was in before i suffered the cruel and unusually punishment. As, a result of the wrongful conduct.

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12-6-16 — Dated

Darryl Bradshaw — Plaintiff's Signature

Darryl — First Name

Middle Initial

Bradshaw — Last Name

Great Meadow Correctional Facility Box 51 — Prison Address

Comstock — County, City

New York — State

12821-0051 — Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 12-6-16

16CV 9637

10-17-16

Dear Court Clerk,

I Darryl Bradshaw Din: 15A3237 currently incarcerated at Great Meadow Correctional Facility am writing this letter because i would like to file a civil-Rights lawsuit for cruel and unusually punishment against Delaware County Jail located at 280 Phoebe Lane Suite 6 Delhi, Ny 13753. So, with that being said listed below is the facts of my case based on my own information and belief;

1. Somewhere between January 2015, and April 2015, while i was incarcerated at Delaware County Jail located at 280 Phoebe Lane Suite 6 Delhi, Ny 13753. I was placed on the "LOAF" for un-hygenic acts due to me throwing my breakfast tray on the ground.

2. After approx. four days i was taken off the "LOAF" due to a grievance i filed about the facility staff not following the proper procedures to place me on the "LOAF".

3. Now, i know that i dont know the exact date of when i was placed on the "LOAF" or when i filed the grievance that got me taken off the "LOAF" but if you was to check the records of the Delaware county Jail you will see that they contain many grievances filed by me but one particular grievance will corroborate everything im saying. So, with that being said i would very much appreciate it if you would respond back to me in a timely manner.

Thank you.

Respectfully,

Darryl Bradshaw

CC://Self

RECEIVED SDNY PRO SE OFFICE 2016 DEC 13 AM 10: 5? S.D. OF N.Y.

Printed on Recycled Paper

(Legal Mail)

NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
OFFENDER CORRESPONDENCE PROGRAM

NAME: Darryl Bradshaw DIN: 15A3237

GREAT MEADOW CORRECTIONAL FACILITY
BOX 51
COMSTOCK, NEW YORK 12821-0051

NAME: Darryl Bradshaw DIN: 15A3237

Great Meadow ☆ Correctional Facility

USM P3 SDNY

UNITED STATES POSTAGE PITNEY BOWES
$ 00.68⁰
02 1M
0008003361 DEC 06 2016
MAILED FROM ZIP CODE 12821

68

Clerk Of The Court
Pro Se Intake Unit
United States District Court
Southern District Of New York
U.S. Courthouse-500 Pearl St.
New York, NY 10007

RECEIVED
SDNY PRO SE OFFICE
2016 DEC 13 AM 10:47
S.D. OF N.Y.

LEGAL MAIL